



State of Louisiana  
Department of Revenue  
Taxpayer Services Division  
Sales Tax Section  
P. O. Box 201  
Baton Rouge, LA 70821-0201

## Natural Disaster Claim for Refund of State Sales Taxes Paid on Titled Assets

Nature of disaster \_\_\_\_\_ Date of disaster \_\_\_\_\_

### Location where property was destroyed

Street \_\_\_\_\_

City, Parish \_\_\_\_\_

### Title holder

Name \_\_\_\_\_ Primary Social Security Number \_\_\_\_\_

Mailing address \_\_\_\_\_  
Street \_\_\_\_\_ City, state, ZIP \_\_\_\_\_

### Type of asset destroyed

- |   |                                |                                     |
|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Mobile home      | <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer    |
| <input type="checkbox"/> Automobile       | <input type="checkbox"/> R/V   | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Off-road vehicle | <input type="checkbox"/> Other |                                     |

Title Number \_\_\_\_\_ (Issued by Public Safety)

Vehicle Identification Number (VIN) \_\_\_\_\_ (Issued by manufacturer)

License Number (if applicable) \_\_\_\_\_ (Issued by Public Safety)

If possible, please attach a copy of your vehicle registration.

Cost ..... \$ \_\_\_\_\_

Less ..... \$ \_\_\_\_\_ (Insurance reimbursement, disaster relief funds, etc.)

Disaster loss ..... \$ \_\_\_\_\_

Tax rate ..... % \_\_\_\_\_

Refund due ..... \$ \_\_\_\_\_